PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

12/01/2005

SMALL ENTITY

YES

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

TITLE OF INVENTION: BONE IMPLANT AND DEVICE FOR FORMING A SOCKET FOR SAME

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

ISSUE FEE DUE

\$755

ARTHINT

3774

03/26/2010

7590

WINSTON & STRAWN LLP

EXAMINER

SCHILLINGER, ANN M

PATENT DEPARTMENT 1700 K STREET, N.W. WASHINGTON, DC 20006

28765

APPLICATION NO.

10/542 413

APPLN, TYPE

nonprovisional

Number is required.

(A) NAME OF ASSIGNEE

4a. The following fee(s) are submitted:

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

X Issue Fee

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FIRST NAMED INVENTOR

Michael Lococo

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

623-023480

or agents OR, alternatively,

listed, no name will be printed.

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government

A check is enclosed.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Certificate of Mailing or Transmission

ATTORNEY DOCKET NO.

6612,4000

TOTAL FEE(S) DUE

\$1055

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PREV. PAID ISSUE FEE

\$0

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below

> (Depositor's name) (Slamatore) (Date)

CONFIRMATION NO

1756

DATE DUE

06/28/2010

1 Winston & Strawn LLP

OMB 0651-0033